

TRAINING WORKSHOP INSTRUCTOR CONTRACT

OFFICE OF THE ARIZONA STATE FIRE MARSHAL

BEGIN HERE

<ol style="list-style-type: none"> 1 Please fill in the requested information (including page 2) 2 The attached W-9 Form MUST be completed and returned 3 Return this contract and ALL REQUIRED ATTACHMENTS 4 Check below if you have a new address or phone number 5 Sign and date upon completion of the workshop 	Office of the State Fire Marshal Attn: Phil Mele 1110 West Washington, suite 100 Phoenix, Arizona 85007-2935 602/364.1081 602/364.1084 fax
<input type="checkbox"/> New address <input type="checkbox"/> New phone number	

INSTRUCTOR TO COMPLETE

NAME	EIN#	SS# (Required)
MAILING ADDRESS	E-MAIL ADDRESS:	
CITY	STATE	ZIP
WORK PHONE	OTHER PHONE (HOME/PGR/CEL)	
WORKSHOP INSTRUCTED		
WORKSHOP LOCATION		
WORKSHOP DATES	# OF INSTRUCTION HOURS	
<p>This contract encompasses only the workshop and the dates specified. It expires upon the performance of its terms. It creates no rights in either party to any succeeding contract, on the same or other terms. Specifically, no right of tenure is intended or created.</p> <p>My signature below certifies that I served as an instructor in the above-named workshop and that the workshop was successfully completed. I have returned all equipment and have submitted the completed roster. I understand that I will receive a lump sum payment and that this sum represents full payment for professional services rendered.</p> <p style="text-align: center;"><u>INSTRUCTOR MUST COMPLETE THE EXPENSE RECAP (FOLLOWING PAGE) FOR PAYMENT</u></p>		
SIGNED		DATE

FOR OFFICE USE ONLY

Travel \$	This total is requested as payment in full for professional services rendered for the above-named workshop. I certify that the workshop has been completed and authorize payment as requested.		
Salary \$			
Total \$			
PROGRAM MANAGER (OSFM)		Index # 11203 PCA 50000	DATE

TRAINING WORKSHOP INSTRUCTOR CONTRACT
OFFICE OF THE STATE FIRE MARSHAL

TRAVEL / PER DIEM EXPENSE RECAP

BEGIN HERE:

You must include the ORIGINAL HOTEL RECEIPT to claim lodging.
Failure to provide the ORIGINAL RECEIPT showing per night expenses
WILL delay payment to you.

Per day lodging reimbursement cannot exceed current State of Arizona rate for the location.

TRAVEL - Mileage can be paid only to persons living more than 50 miles one way from the conference site.

Mileage Round Trip from (City)_____ to
(City)_____
Equals _____miles
Payable at \$.445 per mile totals \$_____.

LODGING - Lodging can be paid only to persons living more than 50 miles one way from the conference site.

Number of nights stay ____ @ \$_____ + taxes totals \$_____

Remember lodging reimbursement is limited to the Conference Hotel Rate shown and taxes.

PER DIEM - Meal payment applicable to travel beginning before 0600 and ending after 1800 hours.

Number of breakfast meals _____ @ \$_____ equals \$_____

Number of Lunch meals _____ @ \$_____ equals \$_____

Number of evening meals _____ @ \$_____ equals \$_____

(Maximum: see state reimbursement rate index)

TOTAL PER DIEM \$_____

TOTAL TRAVEL EXPENSES FORWARDED TO Page 1 \$_____

Date:	Instructor's Signature:
-------	-------------------------

OSFM OFFICE USE ONLY

Date Received:	Reviewed by:	Date Approved:
----------------	--------------	----------------